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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Burkina Faso	5 000 000	8 480 000	1991-1992
Liberia	1 500 000	-	1991-1992
Namibia	1 375 000	-	1991-1992
Zaire	12 400 000	5 000 000	1991-1992

Summaries of individual recommendations follow.

I. BURKINA FASO

U5MR: 232
IMR: 135
GNP per capita: $210

Child population (0-15 years): 4 million
Literacy: 15 per cent
Access to health services: 49 per cent

One-year-olds fully immunized against:

tuberculosis:	66 per cent
diphtheria/pertussis/tetanus:	21 per cent
measles:	30 per cent
polio:	21 per cent

Pregnant women immunized against:

tetanus:	52 per cent

The situation of children and women

1. Burkina Faso, a Sahelian country with around 9 million inhabitants, experienced insufficient rains in 1990 and once again a cycle of drought is threatened if rainfall in 1991 is as poor. Internal migrations from the north to the south and west, triggered by fear of drought, have begun much earlier than in normal years. The malnutrition of 6 out of 10 children and the chronic undernourishment of 7 out of 10 pregnant women in 1990 are key indicators of the unfavourable long-term health trends in the country. The maternal mortality rate (MMR) is higher than 700 per 100,000 live births. Prenatal care reaches only 3 pregnant women out of 10. Only 28 per cent of children between the ages of 6 and 12 years attend primary school, and of these, only 37 per cent are girls. Eight out of 10 adults are illiterate. Although the national coverage of drinking water points is around 70 per cent, the impact on water-related disease has remained limited. An exhaustive national survey conducted in the last trimester of 1990 revealed one of the highest rates of dracunculiasis (guinea worm disease) in the West African region.

2. A new family code (1990) gives precedence to the nuclear family over the extended family, as its strong focus on parents' direct responsibility for their own children considerably diminishes the role of the traditional head of the extended family. Nevertheless, the persistence of certain customs and social practices means that the majority of women continue to live under conditions of inequality and subordination.

3. A newly drafted constitution will be submitted to a national referendum in early 1991. The Convention on the Rights of the Child, ratified in July 1990, is likely to influence priority concerns towards a more just society. Another recent development is the establishment, in November 1990, of a national body to recommend reform of the present education system to incorporate basic learning for all, including prioritization of the needs of girls and women. Important macro-economic decisions were made in 1990 as the

first structural adjustment project with the World Bank was prepared. Noteworthy is the protection, in general budgetary terms, of the education and health sectors. Priority is given to increasing access to primary education and primary health care (PHC).

Programme cooperation, 1988-1990

4. A country programme recommendation approved by the 1987 Executive Board for the period 1988-1991 guided programme implementation over the last three years.

Health

5. A set of interrelated projects to improve the delivery of health services was implemented. With an increasing understanding of the principles of the Bamako Initiative, 738 community health workers (CHWs) in 6 provinces received training and equipment. Some 39 rural and 15 urban health referral centres and 819 rural health posts were fully equipped to provide maternal and child health (MCH) services and their performance is now being assessed. Information, education and communication (IEC) materials were produced for distribution in all 30 provinces in the fight against acquired immunodeficiency syndrome (AIDS). Paramedical staff were trained, and the National School of Public Health received teaching aids that enriched the teaching and learning environment.

6. Acceleration of the expanded programme on immunization (EPI) remained the major activity of the last 36 months. The cold chain, strengthened with seven regional cold stores, now covers all provinces of the nation, and vaccine supply has been adequate and uninterrupted. However, although the head of State personally supports the EPI thrust, social mobilization has not reached the majority of the target groups, and demand for all five vaccination contacts has stagnated in the last year. In the latest immunization drive (October 1990-February 1991), the target is to ensure the immunization of at least 50 per cent of children, a goal to be achieved through the setting of provincial targets and supporting efficient implementation of each of the 30 decentralized plans of action. A comparative cost analysis of this strategy is planned at the same time as the 1991 coverage survey. A pilot project on health statistics information systems for permanent monitoring of the epidemiological situation is also being put into place.

7. A survey was conducted in 17 provinces on the prevalence of diarrhoea, and the knowledge, attitudes and practices of mothers regarding it. Nine oral rehydration therapy (ORT) referral centres opened in nine provinces, some 250 oral rehydration units were equipped in 20 provinces and 900,000 sachets of oral rehydration salts (ORS) were distributed. Impact studies on target groups will be done as part of the new situation analysis in the first half of 1991. Around 2 million capsules of vitamin A have been distributed, and a study showed a significant decrease in the incidence of xerophthalmia at project sites. UNICEF participated in strengthening the national breast-feeding campaign, as well as in the fight against female excision.

8. Nearly 100 women's groups received equipment, funds and training to strengthen internal organization to manage increased income better. The impact of this on selected health indicators of mothers and children is now being assessed. An analysis of constraints experienced in several micro-projects in the area of nutrition and household food security will enable lessons to be drawn to ensure year-long adequate food intake for families. Four local units for weaning food production were established, each with a capacity of up to 600 kg. per month. They are linked to 13 newly created community nutrition centres for recuperation and surveillance.

Education

9. Focus was deliberately placed on early childhood development through the creation of day-care centres (garderies populaires). Facts For Life inspired the creation of manuals that were widely distributed in support of literacy campaigns, and the impact of manuals is now being evaluated. A project on street children is monitored with the international non-governmental organization (NGO), ATD Quart Monde (ATD Fourth World). Innovative approaches to reintegrate abandoned youth are being tested.

Water supply and sanitation

10. A project co-funded by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF accomplished the target of drilling 700 boreholes, providing water for 400,000 people. National capacity was strengthened through funds and equipment for borehole drilling managed directly by the national office. As subsequently planned, 160 additional boreholes were completed. Qualitative aspects of community organization, proper water use, pump maintenance and ensuring priority attention towards sanitation activities, however, are areas that all need increased attention.

Social mobilization

11. Social mobilization and mass communication activities during this period have focused almost exclusively on EPI. Radio and television were extensively used in 1990 to promote the World Summit for Children and the Convention on the Rights of the Child, permitting focus on decade goals and objectives.

Lessons learned

12. Implementation of all of the objectives of the master plan of operations was difficult because important segments of required supplementary funding did not materialize and the Government decided to invest in EPI as its first priority.

13. Within government ranks, the mobility of civil servants remains a serious constraint. The intended decentralization of resource management to provincial levels, however, could improve motivation and accountability, as well as fulfil a prerequisite of the Bamako Initiative.

14. Annual targeting in the plan of action remained weak. The mid-term review in late 1990 was, therefore, well-timed to focus the 1991-1992 programme on specific priorities based on quantified indicators. This exercise proposed reducing from 31 to 15 the projects assisted for 1991-1992. A constraints analysis will be undertaken in all sectors before the strategy meeting in 1991 and mechanisms will be suggested to enable the Government, local communities and international organizations to prioritize and allocate resources to basic services for vulnerable groups, especially women and children.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
General resources			
Health/nutrition	723	700	1 423
Water supply and sanitation	272	300	572
Household food security	70	80	150
Education	185	200	385
Women-centred approaches	350	320	670
Advocacy	120	150	270
Programme support	780	750	1 530
Total	2 500	2 500	5 000
Supplementary funding			
Health/nutrition	1 649	1 530	3 179
Water supply and sanitation/ dracunculiasis eradication	2 140	1 910	4 050
Household food security	26	100	126
Education	-	120	120
Women-centred approaches	30	150	180
Children in especially difficult circumstances	-	100	100
Programme support	325	400	725
Total	4 170	4 310	8 480
Grand total	6 670	6 810	13 480

15. The mid-term review recommended concentrating inputs geographically and reducing the number of projects. UNICEF assistance to national endeavours would be limited to the delivery of vaccines and ORS, AIDS control and the eradication of dracunculiasis. These would absorb 30 per cent of total

resources annually, with the remaining resources concentrated on priority activities in clearly defined areas where the most underserved populations live. Using a set of criteria and indicators to measure poverty and comparatively lower access to basic services, the Government and UNICEF agreed on a list of 10 priority provinces: Bam, Gnagna, Gourma, Namentenga, Oudalan, Sanmatenga, Seno, Soum, Tapoa and Yatenga. Bamako Initiative strategy parameters will guide programme preparation and implementation.

16. A special effort is being made to update supplementary funding proposals for three projects in the health sector with ascertained mobilization of funds.

Expanded programme on immunization

17. To maintain present vaccination coverage levels, it was important to determine the minimum amount UNICEF needs to contribute to EPI in 1991-1992 for the national programme to continue to function optimally. A comparative cost analysis between mobile and advanced strategies will be done during the first semester of 1991. Strong emphasis will be put on "piggy-backing" so that EPI infrastructures can be used to facilitate the attainment of other preventive health targets. Recurrent costs of the 1989-1990 and 1990-1991 campaigns were high, and it will be impossible to sustain such costs along with those of other emerging priorities. Operational research in the spirit of the Bamako Initiative in five provinces will attempt to identify the amount of recurrent EPI expenditures that can be borne by the local cost-recovery dynamic and by community financing processes.

The Bamako Initiative

18. After a two-year delay, the Government has taken the important decision to institute delivery systems for generic drugs. The Government recognizes the immediate need to study socio-economic factors to determine the comparative feasibility of community financing in different provinces. Other ongoing community development efforts involving women's groups and issues such as applied nutrition around weaning practices will contribute directly to the new social dynamic created by the Bamako Initiative strategy. Operational research will be carried out in four of the poorest provinces and in one province where conditions prevail for immediate partial cost-recovery at the community level during the first semester of 1991. The Government has taken steps to decentralize the management of income to local levels. Two provinces in 1991 and three provinces in 1992 will establish integrated PHC initiatives, where, through basic education programmes mothers and girls without access to primary schooling will learn about the causes of disease.

Supporting activities

19. To support viable community-based health systems, it was decided that the following activities will continue: (a) training 395 midwives, focusing on the partogramme, a chart to monitor labour and delivery, to decrease maternal morbidity and mortality; (b) educating approximately 270 nurses about vitamin A deficiency; (c) training 1,140 health staff as community

communicators about the control of diarrhoeal diseases (CDD); and (d) coordinating functional literacy workshops for 3,000 village health workers (VHWs) focusing on ORT, vitamin A deficiency, dracunculiasis, malaria, pregnancy monitoring and weaning practices. Health monitoring activities will continue to build on the health statistics base to fine-tune health indicators. Mechanisms for data feedback to target populations will be improved so that people can better control actions and master factors influencing their physical and socio-cultural environment. A comprehensive plan of improved communication has been established: participatory theatre on children's rights and on no-risk pregnancies has been staged; and audiovisual aids on the above-mentioned health priorities have gone into production.

20. Water supply and sanitation sector objectives are to help to improve the quantity and quality of drinking water sources for the rural population, particularly in dracunculiasis-infested areas; and to reinforce social mobilization activities so that the beneficiary population becomes more aware of its role in the maintenance of water sources and in meeting its own health needs. Concerted efforts will be made to change attitudes through information, sensitization and health education before boreholes are drilled or pumps installed.

21. The eradication of dracunculiasis is a national objective to be reached by 1995. Here, also, the minimum UNICEF contribution for the first phase of nation-wide programme implementation was studied. The five provinces where prevalence is highest will benefit from the provision of safe water and from behaviour modification. The 1990 national survey will allow annual quantification of the targets in each province. Intensive interventions are expected to decrease prevalence by 75 per cent by 1992.

22. During 1991-1992, nutrition activities will remain focused on the priority area of weaning. Two new provinces will benefit from the lessons learned in the four pilot zones where weaning foods were produced locally. Attempts to formulate a national nutritional policy will continue. The Government requested that a contingency budget be made available, if necessary, to respond to drought-related emergency situations in 1991. The focus on women's income-generating activities will be to strengthen what has been achieved in the past three years. In the 10 provinces of concentration, those women's groups most directly involved in the transformation of local health delivery systems will receive resource priority.

23. The Government collaborated with the World Bank to design a project increasing primary school coverage from 28 to 40 per cent over the next six years. Therefore, the Government has requested UNICEF, focusing on alternative learning systems, to (a) reassess the garderies populaires, which do not exist in rural areas, as a fundamental stepping-stone for learning for all; and (b) articulate learning sequences around health and nutrition priority themes, appropriate for girls, women and mothers, using, among other strategies, the child-to-child approach. Intercountry exchanges are scheduled. Innovative participatory research is budgeted for and information,

communication and social mobilization strategies will both influence and be influenced by the new emphasis on learning for all.

24. It is in this light that the situation analysis is being conducted. The programme preparation process towards the 1993-1997 recommendation will also benefit from the strategies adopted in the second five-year national development plan, 1991-1995. The Joint Co-ordinating Group on Policy in Burkina Faso meets regularly to ensure complementarity between programmes of different agencies.

II. LIBERIA

U5MR: 209
IMR: 137
GNP per capita: $450

Child population (0-15 years): 1.2 million
Literacy (total): 32 per cent
Access to health services (urban/rural): 50/30 per cent

One-year-olds fully immunized against:

tuberculosis:	62 percent
diphtheria/pertussis/tetanus:	28 per cent
measles:	55 per cent
polio:	28 per cent

Pregnant women immunized against:

tetanus:	20 per cent

The situation of children and women

25. A rapidly deteriorating political, economic and social situation during the latter half of the 1980s gave way in December 1989 to a national tragedy: civil strife ravaged the country and inflicted enormous hardships on the population, in particular on women and children. The internal conflict has already killed approximately 25,000 people. The number of Liberian refugees who fled to the neighbouring countries of the Côte d'Ivoire, Guinea and Sierra Leone is estimated at over 600,000 people. Within Liberia itself, over 1 million people have been directly affected by acute shortages of food, clean water and medical care. At present, between 50 and 60 people are dying every day in Monrovia from starvation and diseases caused by malnutrition and lack of water. In all, approximately 60 per cent of the total population has been caught up in the crisis. Additionally, 1 million people in neighbouring countries have had their already insufficient resources depleted by the mass influx of refugees. The tragic consequences of the crisis are certain to be felt in the subregion for several years.

26. A 1988 UNICEF-commissioned study on the effects of structural adjustment and stabilization policies in Liberia listed among the other social costs the

steep decline in real personal income, increased unemployment and a sharp increase in the prices of basic food commodities. Basic services - in health, education and social welfare - were unavailable to more than one half of the population. Clean drinking water was accessible to no more than 20 per cent of the population, for the most part concentrated in urban centres, and adequate sanitation facilities were used by only a minority constituting less than 1 per cent of the population.

27. Statistical data valid before the outbreak of the civil war indicated high levels of infant and under-five mortality (137 and 209 per 1,000 live births, respectively), low per capita gross national product (GNP) ($450) and an annual population growth rate of about 3.2 per cent, for the period 1980-1989. Primary school enrolment dropped from 76 to 35 per cent for the same period. Low adult literacy rates (43 per cent for males and 21 per cent for females) constitute a major impediment to social development. In September 1990, Liberia was classified among the least developed countries.

Programme cooperation, 1986-1990

28. Programme objectives for this period of cooperation were primarily directed towards reducing the high levels of infant, young child and maternal mortality and morbidity through basic survival interventions in various PHC areas. These activities were enhanced through social mobilization and advocacy efforts, which subsequently led to the organization of parliamentarians' and media workshops at the national level in April 1989. In early 1988, a major revision of the master plan of operations shifted the focus of regular programme activities, with the exception of EPI, to 3 of the country's 13 counties, while a water supply and sanitation project in Grand Gedeh county funded by the Danish International Development Agency (DANIDA) developed into a more integrated programme designed to encompass activities in health education, nutrition and the advancement of women.

29. By 1989, immunization coverage had more than doubled compared with 1985 owing to the yearly national vaccination weeks begun in 1986. In mid-1989, the first national consolidated EPI plan of action was formalized, which featured a joint procurement plan for donor partners based on a needs assessment conducted in vaccination operational zones. Revised national programme objectives set a goal of 75 per cent coverage per EPI target disease by end-1995. Combined activities for the training of midwives and traditional birth attendants (TBAs), the provision of essential drugs to selected health centres and the start-up of actions related to the Bamako Initiative were limited in scope, but successful in the determination of similar components of the projected national health care programme, 1991-1995. Assessments of future support for a national essential drugs cost-recovery programme resulted in the formulation of a national plan of action to be implemented jointly by the United States Agency for International Development (USAID), the World Health Organization (WHO), the Christian Health Association of Liberia and UNICEF, along with the Ministry of Health and Social Welfare.

30. UNICEF maintained its support to primary school education in the form of supplies and equipment for curriculum materials centres in three counties, training of centre staff and planning efforts designed fully to integrate health education into the primary school curriculum. More far-reaching efforts were undertaken within this sector in association with USAID through the formulation of a pilot programme for the introduction of a pre-primary school curriculum in 20 schools, as well as the training of day-care centre personnel in early childhood development strategies and techniques.

31. UNICEF assistance to the water supply and sanitation programme was directed to completing the national water hand-pump inventory and the maintenance and repair of over 600 hand-pumps. In mid-1989, UNICEF began its involvement in a follow-up phase of the DANIDA-funded water supply and sanitation project in Grand Gedeh county. Hand-pump repair and maintenance, baseline data community surveys for future sanitation activities and a study of the feasibility of creating revolving funds for hand-pump spare parts had been successfully conducted. By end-May 1990, 34 community water and sanitation committees had been formed and 127 pump caretakers (one half of them women) had been trained out of a planned total of 509 by mid-1991. About 85 per cent of pumps were functioning properly. In terms of implementation as against planned objectives, this programme was by far the most successful during the past cycle.

32. Funds amounting to $100,000 allocated in March 1990 from the Executive Director's Emergency Reserve Fund (ERF) were utilized to provide medical kits and essential drugs benefiting over 50,000 people affected by the civil strife. Close collaboration between UNICEF and Médecins Sans Frontières (Doctors without Borders)/(Belgium) was the major factor that ensured the success of this operation. In the initial relief phase, assistance was also provided through ERF to Liberian refugees and displaced persons in Guinea ($100,000), the Côte d'Ivoire ($80,000) and Sierra Leone ($80,000). In November 1990, UNICEF, in consultation with the office of the Special Co-ordinator for Emergency Relief Operations for Liberia, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Office of the United Nations Disaster Relief Co-ordinator (UNDRO), launched a subregional appeal for assistance to Liberian refugees in these three countries in the amount of $7.6 million. At the end of 1990, an additional allocation of $480,000 was released from ERF to respond to the urgent actions undertaken in Liberia within the UNICEF emergency programme of interventions in the areas of supplementary and therapeutic child feeding, water supply and sanitation, health and project support. This release represented initial financing of the first phase of the emergency programme covered by the UNICEF country appeal issued as part of the United Nations consolidated appeal for Liberia in the amount of $6.3 million.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
Health/nutrition	233	233	466
Water supply and sanitation	66	66	132
Education	50	50	100
Children in especially difficult circumstances	101	110	202
Programme support	300	300	600
Total	750	750	1 500

33. The main goal of the new programme of cooperation will be to combat the worst effects of the civil war, which resulted in increased hardship for, and a paralysis in the development of, women and children. Specific objectives of the sectoral programmes will be established after the extent of the destruction of basic service delivery systems in key social development sectors is analysed. In addition, the needs of children who were most traumatized by the civil war will be identified to launch a programme reorienting those children into a more secure and socially protective environment.

34. In 1991, all programme assistance will be conducted as emergency relief efforts addressed to the basic survival needs of the population. After a working relationship is established with local authorities, the emergency effort will broaden in 1992 to encompass a rehabilitation programme that will more thoroughly address institutional capacity-building so that normal long-term programme planning and implementation can be restored. Within the United Nations system and the donor community as a whole, operational groups will be constituted along lines similar to those that characterized inter-agency cooperation during the 1990 emergency period. Monitoring the impact of emergency and rehabilitation programmes will be conducted in close coordination with those United Nations agencies that implemented assistance programmes to Liberian refugees in the neighbouring countries. It is anticipated that additional funds will be mobilized for emergency and rehabilitation programmes through an appeal made by the United Nations system to the international donor community.

Health and nutrition

35. No health delivery system now exists in Liberia. Emergency medical assistance provided throughout 1990 by Médecins Sans Frontières will constitute an entry point for rebuilding the public health care system in virtually all its functions. Re-equipping selected health facilities,

training health workers, focusing relief activities on the major identified causes of mortality and morbidity among infants, children and pregnant and lactating women and reinstating a disease surveillance system are actions that together will form the centrepiece of UNICEF support to the health sector. Particular emphasis will be placed on restoring immunization and oral rehydration services and on prenatal and perinatal care. It is estimated that at least 70,000 infants and young children are in need of special feeding in Monrovia and surrounding areas alone. Supplementary and special therapeutic feeding will be initiated in conjunction with general food distribution schemes, with the support of UNDRO, the World Food Programme (WFP), Catholic Relief Services and Médecins Sans Frontières.

Water supply and sanitation

36. Programme activities to provide clean water will include the rehabilitation of wells and boreholes, hand-pump maintenance and repair and the training of local artisans, supported by local water and sanitation committees. These activities will be resumed upon completion of water-point inventories in the most affected areas in both urban and rural zones. The programme also aims to improve environmental sanitation conditions through the construction of ventilated improved pit latrines, the chlorination of water sources and waste disposal. Available supplementary funding provided by DANIDA to the south-eastern region water supply project will be adequate to ensure the start-up of activities. Depending on the security situation in the interior, the operational zone may be shifted to areas bordering on Grand Gedeh county.

Education

37. Basic educational services at both pre-primary and primary school levels will be supported through the provision of basic school supplies and learning materials to a limited number of institutions. Activities in the fields of curriculum development, teacher training and national education programme planning that were suspended will be revived as soon as conditions permit.

Children in especially difficult circumstances

38. As a result of the civil war, thousands of infants and young children have been orphaned or otherwise deprived of family support. While it is hoped that the local Red Cross chapter will succeed in tracing and reuniting some family members, it is expected that a large number of destitute children will remain. This will require the creation of orphanages and foster homes. Support in the form of domestic items and educational materials will be provided to those institutions and special training sessions will be organized for social welfare workers and community and religious groups. A study will be conducted to determine the feasibility, over the medium term, of a less institutionalized approach to this problem, i.e. one that relies more on existing community support mechanisms.

39. The programme will need to enlist the support of the widest range of political, religious and community leaders. The focus of activities under social mobilization and advocacy will be on the specific mechanisms of addressing basic human needs, both physical and psychological. Representatives from other war-torn countries in the region will be invited to Liberia to share their experiences in reconstruction programmes.

40. Once a degree of normalcy is established in the country, plans will be resumed for medium- and long-term programmes. It is hoped that in 1992 a regular country programme for an extended period can be prepared for submission to the 1993 Executive Board. The analysis of the situation of women and children and the formulation of national development plans in key areas require that funds be allocated for planning and social statistics that will include activities such as data collection and analysis, the training of government officials and consultancy services, when conditions permit.

Programme support

41. The specific context of the new programme of cooperation warrants the establishment of posts for project officers for key programme and operational support areas. The UNICEF Monrovia office will especially benefit from the services of an emergency PHC officer and an officer for supply operations. Regular programme funds will cover costs related to both posts, although the anticipated availability of emergency programme funding will permit the absorption of costs related to the emergency PHC officer.

III. NAMIBIA

U5MR: 171	Child population (0-15 years): 0.9 million
IMR: 103	Literacy (male/female): NA
GNP per capita: $1,142	Access to health services (total): NA

One-year-olds fully immunized against:

tuberculosis:	87 per cent
diphtheria/ pertussis/tetanus:	56 per cent
measles:	14 per cent
polio:	52 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

42. The situation of children in Namibia is largely determined by the twin factors of widespread poverty and gross inequities in living standards that prevailed in the colonial era. While the average GNP per capita is estimated

as $1,142 (1988), the richest 5 per cent of Namibians are estimated to receive 71 per cent of the total GNP according to the Statistical Office of the United Nations Secretariat. Most Namibians live in overcrowded "reserves" where the land is very poor. They have very limited access to employment, vocational training, agricultural services and markets and they work for low wages. These factors place particular strains on family-level food and income security.

43. Until independence in March 1990, basic services were provided by 11 semi-autonomous "second-tier administrations" based on ethnic and racial divisions. Their resource endowments were very unequal and they did not follow common policies. As a result, PHC services were neglected in much of the country, with a spending bias towards curative facilities (including racially exclusive hospitals) and very limited outreach. This pattern is now being comprehensively restructured by the new Government. In basic education, there were between 14 to 39 pupils for every teacher in 1988 depending on ethnic group, and the proportion of trained teachers ranged from 9 per cent in the most populous Ovambo region to 99 per cent in whites-only schools. As a result, pass rates are extremely low and drop-out rates high in the large majority of schools. Only 37 per cent of school entrants complete the primary cycle. Access to safe water for the 75 to 80 per cent of Namibians living in rural and peri-urban areas is as low as 25 per cent, and adequate sanitation for this group is almost non-existent.

44. Child survival and health levels in Namibia are not commensurate with the country's overall wealth. While only limited data exist, Namibia appears to be in the category of countries with a high-to-middle under-five mortality rate (U5MR), with projections placing U5MR at 171 per 1,000 live births. Child malnutrition is clearly widespread, with rates of moderate malnutrition in under-fives at some 35 per cent in rural and peri-urban areas and 12 per cent in urban areas, and wasting at 8 per cent in rural areas. Malaria is widespread during and after the rainy season in the populous northern regions. The prevalence of vaccine-preventable diseases is high, with notified cases alone accounting for rates of 498 per 100,000 population for measles and 273 per 100,000 for tuberculosis. Data from a UNICEF-sponsored survey in early 1990 show that, while vaccine coverage against tuberculosis among infants is high, only about one half are fully immunized against polio and diphtheria/pertussis/tetanus and less than one sixth against measles, in both rural and urban areas. These rates increased substantially in 1990 owing to the introduction and acceleration of EPI after independence.

45. Over 40 per cent of households in Namibia are headed by women. Children in such households are more likely to be malnourished than those in families headed by men. Women heads of household are likely to have received considerably less education than their male counterparts. Women are less likely to be formally employed; they undertake the bulk of farming and food production operations, which are economically precarious and low-yielding activities in Namibia's harsh climate. Women's access to credit, information, vocational training and organized markets is severely limited. The inadequacies of MCH services are illustrated by MMRs estimated from limited

survey data at 432 per 100,000 live births in rural areas and 371 for the country as a whole.

46. A considerable proportion of the population lives in extremely difficult circumstances owing to the direct and indirect effects of the prolonged war of liberation and South African occupation that ended in 1989. Groups so affected include displaced people, those handicapped in combat, psychologically traumatized children, dependants of former soldiers who are now unemployed and families affected by the climate of brutalization during the war. These factors are thought to have induced a considerable incidence, so far not studied in detail, of alcoholism, the break-up of families, domestic violence and child abuse.

Programme cooperation, 1989-1990

47. Given the limited mandate United Nations agencies had prior to the country's independence, the UNICEF programme of cooperation during the transition period (April 1989-March 1990) concentrated on support to the repatriation and rehabilitation of former exiles, as well as on relief and survival assistance to emergency-affected groups. However, the analytical studies, survey, advocacy and pilot initiatives of this period laid the basis for a rapid widening of programme areas to encompass major child survival, protection and development thrusts shortly after independence.

48. During mid- to late 1989, assistance was provided to the repatriation programme of the Council of Churches in Namibia, in consultation with the Office of the United Nations High Commissioner for Refugees (UNHCR). This included the establishment of PHC facilities and sanitation services in five reception centres, the provision of comfort items for children and women and logistical support. Subsequently, an emergency rehabilitation programme was designed by a United Nations inter-agency team, together with the Council of Churches in Namibia, to assist the reintegration of some 44,000 returnees in their home communities. Within this framework, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) provided 26,000 agricultural input packages to returnee adults, while additional seeds were provided by UNICEF to 75,000 families in the Ovambo region facing collapse of household food security owing to prolonged drought and conflict. These inputs were instrumental in producing a good harvest in 1990, thus stabilizing immediate food security. UNICEF also supported an emergency schools programme operated by the Council of Churches in Namibia for some 2,500 returnee children of primary school age, pending their integration in a restructured national school system in 1991. Interim support was provided to alternative church-run health services in northern regions, providing PHC access to communities receiving the large majority of the returnees. An integrated area-based programme was also initiated with the Council of Churches in Namibia, focusing on the rehabilitation of child nutrition and household food security in an area receiving about 10 per cent of all returnees.

49. Programme cooperation after independence has covered a range of key child survival, protection and development activities in the sectors of health

(PHC/MCH), nutrition, basic education, household food security and women in development. Extensive support was given to a newly introduced EPI, including supplies, cold-chain equipment, transport, the training of 269 health staff and social mobilization activities. With political support from the highest levels, the programme achieved notable results within a few months. Support for the in-service training of health personnel was extended to cover CDD and acute respiratory infections (ARI) in the third quarter of 1990. Technical assistance to the Government in restructuring the health service and establishing national programmes for nutrition, health education, health information, PHC and CHW training was also provided during 1990. Educational reform was supported, in conjunction with the United Nations Educational, Scientific and Cultural Organization (UNESCO), by the provision of technical services for curriculum development and the reorganization of in-service teacher training. Cooperation in the development of the literacy programme was supported between the Namibia literacy project and its counterpart in Zimbabwe.

50. Pilot activities to improve household food security and the access of women to income were undertaken together with the Department of Community Development (support to a women's brick-making cooperative), the Private Sector Foundation (business management training for women) and the Department of Rural Development. The integrated area-based programme continued in 1990 in the western Ovambo region, achieving high levels of community mobilization, with interventions in water supply, sanitation, food production and farmer and VHW training. Meanwhile, advocacy efforts led to the launching, by Namibian women parliamentarians, of a Child Survival, Protection and Development Foundation; the formulation of a national policy on children; substantial community mobilization for the World Summit for Children; the establishment of a Women's Desk in the Office of the President; and the accession of Namibia to the Convention on the Rights of the Child. A household survey of incomes, health and nutrition was completed among 1,561 families in two major areas of population concentration and is being used extensively by the Government in planning social sector programmes.

Lessons learned

51. Initial programme cooperation in Namibia demonstrated the potential for achieving high levels of social mobilization in support of post-independence goals for children, as well as the strong potential contribution in this context of national NGOs, including church and private groups. The Council of Churches in Namibia, in particular, proved to be an effective national partner during the transition period, and has remained so with respect to community-based rehabilitation and mobilization activities after independence. In addition, the strong commitment of the new Government to social priorities and to the reduction of socio-economic inequities, demonstrated in the 1990 budget allocations, as well as in initial policy statements, provides a clear opportunity and favourable context for achieving rapid results from child-oriented advocacy and programme cooperation.

52. Serious constraints, however, need to be addressed and overcome if these investments are to be fully exploited. Experience in new programmes such as

EPI shows that inherited factors such as fragmentation of delivery structures, overregulated and non-participatory approaches and the complexities of generating new, integrated social structures all have retarding effects. Sustained attention to training and reorientation will be needed if the substantial changes in policy and priorities are to be translated into structures for the design and delivery of effective programmes. Technical inputs are required to launch key programmes in development sectors new to Namibia, which lacks minimum national capacity. Finally, programme design will be constrained for years to come by the lack of social sector and household data, while programme delivery remains hampered by the embryonic nature and extreme staff shortages of key institutions such as the National Planning Commission and local government structures. These factors will necessitate sustained measures to support the development of institutions and to build capacity.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
Health	270	-	270
Nutrition	70	-	70
Household food security	30	-	30
Education	260	-	260
Women-centred approaches	50	-	50
Social mobilization and advocacy	30	-	30
Planning and social statistics	60	-	60
Programme support	150	375	525
Integrated area-based programme	80	-	80
Total	1 000	375	1 375

53. Programme cooperation will continue key chid survival, protection and development initiatives introduced with the Government and national NGOs in 1989-1990 and will consist of four main approaches: (a) support to the establishment and implementation of national programmes; (b) pilot approaches addressing the main problems affecting children and women through community-based, area-specific projects; (c) continued social mobilization and advocacy efforts with key organizations and decision makers; and (d) support for institutional capacity development, particularly for social planning, programme design and research.

54. Support will be given to the Ministry of Health and Social Services for the establishment of the PHC system, including the initial implementation of four key national programmes: nutrition (with a special focus on growth monitoring); health education; health worker training; and CDD, ARI and

malaria control. Support will include technical assistance, training, study tours to relevant programmes in other countries, supplies and equipment and, in a small number of cases, interim salary support to returnee or other national staff pending appointment. Extensive assistance will continue to be given to the national EPI, particularly through in-service training of health workers on all aspects of immunization, as well as the provision of supplies and equipment. Within the context of education for all, reform, assessment and acceleration measures will be supported in three key areas: curriculum development at primary-school level; in-service teacher training; and adult literacy programmes. These will involve advisory and material support to the Ministry of Education, Culture and Sports, as well as to the Namibia literacy project. School feeding for day pupils will be introduced and piloted jointly with the World Food Programme (WFP) and the Ministry in selected regions, with UNICEF providing technical guidance on nutrition. Programmes for women and rural development will be undertaken with the relevant sectors of the Government and Namibian NGOs, including capacity-building measures, pilot income-generating activities and credit schemes for women, training and material support for day-care centres, agricultural extension programmes for women farmers and low-cost community-based water supply and sanitation projects.

55. The integrated area-based programme will continue through the first pilot project already established in western Ovambo region. This will strengthen community organizations, including women's groups, and improve water supplies, PHC services, literacy activities, access to agricultural inputs and crop marketing. Community-based growth monitoring will be introduced. A project evaluation will be carried out in late 1991 involving local government bodies and the national community and rural development departments. Further projects will be undertaken with these departments in selected regions.

56. Social mobilization and advocacy efforts for children and women will continue in association with a range of national partners, including key parliamentarians, the Child Survival, Protection and Development Foundation, the Child Care Association, the Council of Churches in Namibia, the South-West African People's Organization (SWAPO) Women's Council and the Women's Desk in the Office of the President. A federation of NGOs focusing on women is being formed and will provide a further important national ally. Institutional and advisory support will be provided, particularly to help to extend outreach and mobilization efforts to all regions of the country. Mobilization activities will also be developed to support the implementation of national programmes such as EPI and nutrition, and with communities and groups participating in area-specific programmes. Close relations will be maintained with national media organizations, which are relatively strong in Namibia.

57. Support for national planning and policy development in areas central to children and women will be directed to the National Planning Commission, as well as to social sector ministries, especially the Ministry of Health and Social Services. This will include technical support for sectoral studies, specific research and data analysis, training of key personnel in planning techniques and a review of selected policy and programme issues, including

cost-effectiveness and financing options. Some of these initiatives will fall within the country programming exercise to be completed during 1991, including finalization of the situation analysis and development of the 1992-1996 country programme. Support for capacity-building will also be given to the National Institute for Social and Economic Research, University of Namibia, which is assisting the preparation of the situation analysis.

58. This bridging programme will ensure the continuation, until mid-1992, of the substantial range of cooperative activities already initiated, until the submission of a five-year programme of cooperation, to be developed with the Government during 1991 and presented to the Executive Board in 1992.

IV. ZAIRE

U5MR: 132
IMR: 81
GNP per capita: $170

Child population (0-15 years): 16.7 million
Literacy (male/female): 79/45 per cent
Access to health services (total): 26 per cent

One-year-olds fully immunized against:

tuberculosis:	59 per cent
diphtheria/pertussis/tetanus:	41 per cent
measles:	40 per cent
polio:	38 per cent

Pregnant women immunized against:

tetanus:	24 per cent

Programme cooperation, 1987-1990

59. The current country programme for Zaire was approved in 1987 with a general resources ceiling of $15.5 million and $12.25 million in supplementary funding. In 1989, a further $6 million in supplementary funding was approved by the Executive Board for 1990. In the context of the country's evolving political situation and the serious deterioration of its economy, which will have a direct impact on the UNICEF programme of cooperation with the Government of Zaire, Executive Board approval is sought for a short-duration country programme to cover the period 1991-1992. During 1991-1992, it is proposed to evaluate past performance in the various sectors; prepare a detailed situation analysis; reflect on these findings; and prepare a five-year country programme (1993-1997) in close cooperation with the Government and with other multilateral and bilateral partners for submission to the Executive Board in 1993.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1991	1992	Total
Health	1 370	1 350	2 720
Nutrition	280	300	580
Water supply and sanitation	400	600	1 000
Education	500	500	1 000
Women-centred approaches	500	500	1 000
Social mobilization and advocacy	300	300	600
Children in especially difficult circumstances	300	300	600
Integrated area-based programme	250	250	500
Planning and social statistics	400	200	600
Programme support	1 900	1 900	3 800
Total	6 200	6 200	12 400
Supplementary funding			
Health	500	2 100	2 600
Water supply and sanitation	500	700	1 200
Education	500	700	1 200
Total	1 500	3 500	5 000
Grand total	7 700	9 700	17 400

60. The components of the programme are similar to those approved by the Executive Board in 1987, although there are new entry points and approaches. The foundations will be laid for an area-based programme that will seek to optimize the impact of UNICEF assistance on geographically selected target groups. To improve cost-effectiveness, activities will be concentrated in the three regions of the country where UNICEF has sub-offices (Kivu, Shaba and Kasai). The Kivu region has also been selected because programmes funded by the European Economic Community (EEC). UNDP and the World Bank already operate there, and UNICEF assistance would complement them. Links will also be sought with the two neighbouring countries of Rwanda and Burundi to strengthen subregional exchanges between them and Zaire as members of the Economic Community of the Great Lakes Countries (CEPGL). In the other two regions, two different approaches will be used. In Shaba, one of the richest regions in terms of natural resources, cost-sharing will be introduced, including local financing of social services. UNICEF will provide technical assistance and management skills. In Kasai, a system of self-financing, cost-recovery and community participation will be implemented in the context of the Bamako Initiative strategy.

61. The thrust of the country programme activities in the next two years will be in three main sectoral areas: PHC using the Bamako Initiative strategy; formal and non-formal education; and water supply and sanitation. Activities will converge in the three geographic areas of concentration. Entry points based on credit and income-generating activities for women; household food security; food production, conservation and transformation; and labour-saving devices such as grinding mills will be utilized.

Primary health care/Bamako Initiative

62. The main PHC activities, other than the provision of essential drugs and health financing managed by community development committees, will be the prevention and treatment of endemic and epidemic diseases. In particular, the programme will address growth monitoring and safe motherhood as components of MCH; prevention of nutritional deficiencies (iodine deficiency disorders (IDD), anaemia and vitamin A deficiency); and EPI with the objective of eliminating neonatal tetanus, eradicating polio and reducing measles morbidity. IEC activities will be strengthened to influence behavioural change, particularly in the fight against AIDS; the reduction of malaria (with individual protection and prophylactic components); and CDD, including the promotion of safe water and sanitation and the distribution of ORS. Data collection and epidemiological surveillance methods will be strengthened in order to measure progress and impact. Contacts will be made with large enterprises (who already finance staff medical insurance schemes) to encourage them to contribute to the social development of whole regions, particularly for reimbursable procurement of essential drugs, and hygiene and sanitation interventions.

Water supply, hygiene and environmental sanitation

63. A compilation of relevant studies, research and existing experience in this sector will be carried out. After an in-depth study of experience in the three regions, local participation in the building of family latrines and the construction of latrine blocks in health centres, schools and market places will be encouraged. This will be carried out in cooperation with NGOs, religious groups and other community organizations. Within the project for urban women and street children, garbage collection, recycling and composting will be introduced.

Basic education

64. A joint World Bank/UNICEF/UNDP education programme now negotiated with the Government calls for UNICEF participation in a new pilot project to involve schoolteachers, students and parents. The project will promote positive behaviour and knowledge in health, nutrition, hygiene and family planning through the development of school manuals and educational materials. The long-term objective is to make the school a focal point for social change. In addition, support will be provided for female education to reduce the present high drop-out rate of girl pupils.

Women's income-generating activities and household food security

65. A credit programme for women will be launched in the three regions of concentration based on local bank credits and on savings and credit cooperatives for agricultural and animal husbandry activities. Groups of women will be formed so that group responsibility can help to guarantee the extension of credit. Food production, conservation and processing will be promoted in an effort to ensure household food security, as well as improved nutrition in the family. A functional literacy programme will be introduced for the benefit of the women involved.

Children in especially difficult circumstances

66. Activity in this area aims at identifying the social and economic conditions of poor urban women and children, primarily at Kinshasa, and will strengthen cooperation with NGOs, religious groups, and other organizations, such as the Society for Women and AIDS in Africa.

Advocacy and local fund raising

67. The main objectives of advocacy in the next two years will be to follow up the Declaration and Plan of Action of the World Summit for Children; to ensure the widest dissemination of the Convention on the Rights of the Child, ratified in 1990; and to identify sources of local financing available in private sector of Zaire, using advocacy to persuade large companies to participate in social programmes.

Cooperation with United Nations agencies and other partners

68. Existing cooperation with WHO and UNDP in the health sector will be strengthened in training health personnel and controlling IDD. Several other activities in the health field, such as EPI, are being implemented jointly with USAID, the Oxford Famine Relief Campaign and Rotary International; for AIDS, with the World Bank, WHO, UNDP and the Canadian International Development Agency; the Bamako Initiative and area-based services with WHO, the rural health project, Médecins Sans Frontières and religious NGOs; and for water supply and sanitation with USAID and the Peace Corps. In education, a new programme is being launched with the World Bank and UNDP. Cooperation is being developed with EEC, particularly in women's income-generating activities.